



2022 01 26 at 10:00 hours
EOC Operations Group
Command Objectives and Strategy

Chair: Beth Gooding

Agenda

- 1) Welcome / Call to Order
- 2) Roll Call
- 3) Situational Update
- 4) Section Updates
- 5) Roundtable
- 6) Adjourn

Roll Call	
IMS Function / Department / Service Area	Name
EOC Operations Group Commander	Beth Gooding
EOC Operations Group Deputy Commander	Lianne Shaver; Melissa Lavery
Scribe	Colin Kidd
Emergency Information Officer	Ghislain Lamothe
Strategy Unit	Melissa Lavery; Andres Acero; Dan Bissonnette;
Operations Section Chief / Deputy	Marie-Claude Turcotte; Kerry Kennedy
Operations Section Support	Andres Acero
Planning Section Chief / Deputy	Sherry Beadle; Phil Boyd
Planning Section Support	Erin Salewski
Planning Section: Documentation, Resource and Situation	Kyle Donaldson; Kelly Cochrane; Paola Parenti; Paul Szabo
Logistics Section Chief / Deputy	Amanda Farias;
Logistics Section Support	Dan Bissonnette
Recovery Section Chief / Deputy	---
Information Section Chief / Deputy	Phil Jansson; Ghislain Lamothe

1. Welcome / Call to Order

- Meeting called to order at 10:00 hrs. (B. Gooding)

2. Roll Call (K. Cochrane)

3. Situational Update (B. Gooding)

- Providing a brief update on the truck Convoy heading to Ottawa. The convoy is bigger than initially anticipated and the exact numbers are difficult to predict at this time as many trucks, vehicles and people will be coalescing in Ottawa for Saturday January 29.
- The initial intent is for them to stage at Confederation Park and move to

Parliament Hill in the early afternoon.

- Still determining the impact for road closures and traffic services.
- Situation is police led and the National Capital Regional Command Centre (NCRCC) will be stood up with various representatives from City.
- The Ottawa Paramedic Service will be at the NCRCC and will typically link with the Ottawa Hospital and to Hospital Emergency Preparedness Committee of Ottawa (HEPCO).
- K. Donaldson: The NCRCC will be activated as Area Command for this event. As the situation gets closer, the Traffic Incident Management Group (TIMG) will also be standing up, that will include representatives from Ottawa Police, Transit, Roads and By-law Services. The situation is rapidly changing, and we are still confirming routes and the road closures based on current intelligence. We will continue to share pertinent information through the Duty Officer network in the coming days.
- A. Farias: Just a situational awareness: We did confirm that the Raymond Chabot Grant Thornton (RCGT) Park at 300 Coventry Road can be used for overflow. If things become too congested, they are going to start suggesting that some of the trucks go over to the Stadium and then they have the ability to use transit to get downtown, so that option has been put on the table. I just ask to be kept in the loop from a facilities perspective.
- G. Lamothe: We're working on a PSA for social media that we're hoping to push out today. The Ottawa Police have reviewed it and I will share with B. Gooding afterwards. Its high-level covering that we are aware that this convoy is coming and that we can expect some traffic delays. Follow us on social media and we will provide more information on potential service impacts when they actually occur.
 - We have a meeting at 10:30am with the Communication team at the Ottawa Police Service to get an update on their communications strategy.
 - There may be a Police Board meeting today. There was a discussion late last night with Chair Deans, the Mayor's office and the City Clerk where its an opportunity for the Board to ask questions to Police Chief Sloly and then media afterwards.
 - We also expect a Council meeting today. We have the Mayor, GM. Ayotte, The City Manager, and Dr. Etches in attendance. Current discussions with the City Managers Office indicate that managers and supervisors will be talking to their staff if the trucks arrive either early on Friday or on Monday where there is a bigger issue of staff trying to get to work. No confirmation of a corporate-wide message at this time.
 - B. Gooding: If they do stage at Confederation Park, I believe that getting access to City Hall will be quite difficult by car. That's another consideration for anyone working or visiting City Hall.
 - G. Lamothe: Yes, and right now because we don't exactly know what the routes are going to be our messaging is around 'Expect traffic delays, plan ahead' for the entire downtown core. As we

get closer and if we get some confirmations as to whether we're shutting down things, we will escalate communications.

- M-C Turcotte: There will be disruptions to staff and clients getting to vaccination clinics. Consideration for increasing security at the clinics.
 - B. Gooding: No current intelligence regarding clinics or testing centres being a target. We can discuss offline.
 - M-C Turcotte: Maybe just a heightened awareness message for staff at the clinics?
 - A. Farias: In the past we have liaised with the Ottawa Police to request officers patrol around the clinics and expedite a call that is at a clinic location.
- P. Jansson: I am concerned about operations at the University of Ottawa Minto Complex clinic as it would likely be impacted. I think we have a couple of days grace to figure out what we might need to do based on intelligence. We may want to suggest to folks to use public transit to get there including LRT if road traffic would be impacted.
- M-C Turcotte: There will be also a lot of issues with staff getting to work that day. We also have staff on the Quebec side, I don't know if bridges will be impacted.
- A. Farias: What is the attendance on Saturday at the Ottawa University clinic? Discussion on closing this clinic around an abundance of caution.
- P. Boyd (chat); Saturday January 29 bookings at University of Ottawa are 581/924 and 535/924 for the third. This is a pediatric/adult breakdown.
- B. Gooding: Yesterday, Ottawa Police advised that 3,000 people would be crossing the Portage bridge on Saturday by foot. They do anticipate participants coming from the Quebec side creating increased difficulty in predicting attendance.
- K. Donaldson: From the intelligence gathered yesterday, it indicated 4 million dollars in funding available to the organizers. Ottawa Police are in regular communication with the organizers but also experiencing challenges receiving clarity.
- B. Gooding: We do not want to underestimate the potential impact of this event. The Ottawa Police estimate that there are approximately 4,000 people in Ottawa who are supporting the effort through lodging, food, money and transportation.
- M. Lavery: The other thing that comes to mind is staffing for Long-Term Care (LTC) homes, retirements homes (RH), and hospitals. All sectors are going to be impacted by this, all critical infrastructure, all items here but particular to the health lines. In past demonstrations or issues where we have had hospitals reach out to say they are concerned about staff particularly on the Quebec side coming over to work
- B. Gooding: We will continue to monitor. If we need to hold an adhoc command objectives meeting tomorrow just on this, we can. What we're trying to do though is really firm up details such as road closures, traffic impacts and the timings for the event. We will share more

information when we receive it.

- P. Jansson: Interested in a meeting tomorrow or Friday and can adopt clinic communications as required.

4. Section Updates

Operations Section (M-C Turcotte)

- We received the official memo from the Province that we no longer need to restrict the use of Pfizer to the 12-29 age group. If people over 29 years old are asking for Pfizer we are able to give it to them. That is definitely a big help in our LTC/RHs as well as the community clinics. We will continue to offer Moderna as a first choice and if people specifically request Pfizer then they can be administered Pfizer instead. The Province has asked that we do not publicize our increased Pfizer supply at this time.
- In terms of Walk-ins, we are seeing lower numbers. On Monday we had 267 and on Tuesday we have 265 walk-ins across the clinics. The declining trend has been consistent over the last week.
- There were 8 after-school clinics/weekend clinics. 439 doses were administered, 300 of which were pediatric (ages 5-11), which is the target population at those clinics. 93 of those 300 doses were first doses. We are trying to increase the number of 5 to 11-year-olds being vaccinated.
- We are booked at approximately 50-70% capacity in our main clinic except for Francois Dupuis Recreation Centre which is only booked at 4% today.
- The last clinic day at Francois Dupuis Recreation Centre be on Sunday January 30. The City has some programming that will be running in that facility starting next week.
- We are looking at publishing appointments for next week at our four main clinics plus the curling rink. The four main clinics are: Eva James, Putnam, YM/YWCA Orleans, and the University of Ottawa. The CHEO clinic is continuing at the Nepean Sportsplex Curling rink.
- S. Beadle: I have a question regarding the after-school clinics. Do we see ourselves maintaining a rhythm in terms of returning for a third or fourth dose? I know we're getting a few first doses there.
 - M-C Turcotte: We will have to assess that once we complete this round.

Planning Section (S. Beadle)

- We are reducing the epi dashboard to Monday, Wednesday and Friday.
- Catherine Bragg has transitioned into a role at Water Services and E. Salewski will be taking the lead on the Sector Engagement Unit and providing an update today.
- E. Salewski to provide update on the Sector Engagement Unit today to provide a quick brief on the Sector Engagement Strategy and their focus moving forward for this group's information and for any comments or concerns anyone would want to raise.

Updated Focus for Sector Engagement (E. Salewski)

Goal: Increase the pool of external partners to support long-term immunization efforts.

1. Streamline communication and promote collaboration [we will investigate the development of an external partner SharePoint site to share information with these groups; primary care and pharmacies specifically.]
 2. Reduce barriers: explore solutions / mitigation strategies [Both Pharmacy and primary care sectors have identified several barriers, Primary 1 is staffing specifically related to the primary care sector.]
 3. Onboard new partners / support existing and returning partner needs. [We'll be engaging in recruiting new partners and continue with the onboarding support that's been provided and continue with the COVax and licensing support.]
 4. Document ramp-up options for future needs (includes partners / channels, timelines, operating details and resource / tech requirements.)
- The two key projects that we feel will help to enable us to reach these objectives is first, a pilot to add immunization staffing resources within primary care offices. We will be looking at that with a focus on increasing supports in Q5 neighbourhoods and primary care offices that support those with barriers. We know this is a large group and we know that while we do have staff resources, they are not unlimited. The second project revolves around improving the communication and strengthening the relationship between the Province and the pharmacy sector. We are looking at establishing a Pharmacy Council to address barriers to improve this relationship. I have listed these in order of the priority that we're looking to launch these projects with a bit more emphasis on the pilot to add immunization resources within primary care offices. There are some opportunities coming up with the Ontario Medical Association to talk about this further.
 - A. Acero: You mentioned that you are looking to work specifically with primary care in Q5 neighbourhoods. Is there any additional focus on trying to onboard or work with primary that might be providing care to the 0-4-year-old populations, regardless of Q5 neighbours, or not?
 - E. Salewski: Yes, that has definitely come up as one of the areas that we would be hoping for additional primary care support for. In line with this, but slightly different, is looking at some of the walk-ins in the priority neighbourhoods. This would be servicing people that may not be attached to primary care physician still being able to access a physician's office. We are going to focus there as well. The 0-4 age group is an important reason to have these primary care offices stood-up, and able to do that.
 - B. Gooding: Confirming that the Pharmacy board is going to meet a couple of times a month and be a forum to work together in the Q5 outreach?
 - E. Salewski: We need to establish those details. A focus would be on Q5 but not entirely, this would be looking at the sector more broadly not just Q5 focused.
 - P. Jansson: Thanks Erin for the update. I am definitely interested in how

we can help promote these options as they get onboarded from a communications perspective. Let us know if you need added support from Comms.

- E. Salewski: I think as these projects build and develop; we'll need to incorporate a communications element.

Logistics Section (A. Farias)

- By-law reached out and they are experiencing resource challenges and have suggested that based on the level of traffic they we're seeing at the clinics that they/we remove the By-law services role from the clinics going forward. Consideration for removing By-Law resources before or after the Truck Convoy if there are no immediate concerns at the clinics for this weekend?
 - K. Kennedy: The only concern I would have is University of Ottawa over the weekend since there are quite a few 5-11-year-old bookings there. Perhaps maintaining a presence in that area just while the convoy is happening

Action Item: A Farias to connect with By-Law regarding timing of their demobilization at the clinics.

Recovery (Submitted electronically by A. Scanlon)

- Human Needs Task Force: Shelter system still has overflow capacity, and they aren't experiencing any staffing issues at this time.
- Service Recovery Task Force: met yesterday. Starting next week, the City will be taking bookings for in-person counter services at limited sites beginning on Feb 7. RCFS is still working though the needs of LTC before we can assess what they will be able to reopen. A PSA is being developed for Monday that will outline what is opening and when. More to come throughout the week.
- People Task Team meets on Thursday, so there will be a better update on Friday's EOC meeting.

Communications (P. Jansson)

- We had a successful Board of Health meeting on Monday. The Board voted to request that the Chair and Dr. Etches enter discussions and write to the Province to request that third doses be included as a requirement for the proof of vaccination policy. As well as a request on testing capacity and availability for certain groups.
- We are prepping for tomorrow's 'Kids and Vaccines Day'. We're getting a lot of good attention so far with social media and we will continue to get paid and organic social media promotion of this event. Looking at Eva James as our flag ship site where we will be inviting mascots, Ottawa Fire and Ottawa Paramedic Service representatives to say "hello" to kids. We have also recruited some Superheroes to come. Staff across all clinic sites will be encouraged and invited to wear a costume or cape and show off their inner 'Superhero'. We will continue to distribute the "I got Vaccinated" stickers and we have some extra Superhero stickers that will be going out. We are trying to make it a special day.

- Posting a video with Dr. Etches shortly. It is a bit of a superhero video on the importance and safety of vaccinations.
- Also partnering with CHEO so we will be doing some cross-promotion there and promoting the national townhall by Science Up First later this evening.
- We continue to promote the after-school clinics through paid and organic social media promotion and listing the schedule on our site. We have done the bus shelter and billboard ads and those seem to be going well. Next steps will be to add additional languages to those ads. Its also Bell Let's Talk Day, so we're hosting a lot mental health promotion and getting some buzz around that one.
- Monitoring the anticipated updated guidance for boosters for 12–17-year-old for those who are immunocompromised and the updated guidance to wait 30 days after a confirmed or presumed infection with COVID-19, for a third dose.

Strategic Unit (A. Acero)

- I'm just constantly refreshing the National Advisory Committee on Immunization (NAS) page. I expect there to be an update on 12 to 17 year old population issued today.

Strategic Unit (M. Lavery)

- We have a draft memo that will soon be ready for you (Beth) to look at. This week (in the memo) we are focusing on a little bit on the Truck Convoy much like how we wrote about snowstorm: highlighting impacts on the City. If we do have any decisions made about any vaccine operations and it aligns with the timing of the memo, we'll make sure to include that.
- We are also focusing more on the children aged 5 to 11, as noted by Operations we did see a smaller increase in the appointment uptake due to second doses so that's important to note.
- L. Shaver: Just working through a few particulars with respect to people be reassigned or redeployed to work for LTCs and municipal childcare. Hoping to have some answers back to OPH today on which of their staff are going to be used in those two separate workstreams so that staff can continue scheduling into the clinics.

5. Adjourn

- Meeting adjourned at 10:47 hours.

**Next Operations Briefing is scheduled for
2022 01 28 at 10:00 hours**

***Please note meetings are subject to change**

Approved By: Beth Gooding

Position: EOC Commander

Date and Time: 2022 01 27 15:05 hours